

# Private Hospital Directed Payment (PHDP) Phase II – Check-In Call



For All of L.A.

Thursday, March 21<sup>st</sup>, 2019

All participants are **muted** upon entry...  
Please communicate via the **CHAT** feature

A screenshot of a meeting control bar. A red arrow points to the "Chat" button, which is highlighted. The bar includes buttons for "Participants", "Chat", "Recorder", and "Notes". Below the bar is a text input field with the placeholder text "Please type your question/comment here and click 'Send'." and a "Send" button.

Participants Chat Recorder Notes

Please type your question/comment here and click "Send".

Send

# Agenda

## 1. Introduction & Meeting Purpose

*James Alvarez, Program Manager, Enterprise Quality Management*

- a. Plan Partners – Contact Information

## 2. Contract Services Flagging

*James Alvarez, Program Manager, Enterprise Quality Management*

- a. Contract Services Flagging Updates
- b. Timeline for March Submission

## 3. Encounter Remediation

*Greg White, Director, Healthcare Analytics*

- a. Top Errors:
  - 1. L.A. Care Health Plan
  - 2. DHCS
  - 3. Claims System Extraction

## 4. Frequently Asked Questions (FAQ)

## 5. Questions & Answers (Q&A)



# Introduction & Purpose

*James Alvarez, Program Manager, Enterprise Quality Management*



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# Plan Partners – Contact Information

*James Alvarez, Program Manager, Enterprise Quality Management*



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# Plan Partners Meeting – Contact Information

- Care 1<sup>st</sup> / Promise:

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- Anthem:

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[Jamie.louwerens@anthem.com](mailto:Jamie.louwerens@anthem.com)



# Contract Services Flagging

*James Alvarez, Program Manager, Enterprise Quality Management*



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# Contract Services Flagging Update

- Files that were sent out last week did not contain a value in the “Final Contract Status” column for Kaiser. This has been corrected.
- We received an updated Anthem file which has been uploaded.
- We have received updates from Hospitals and, upon verification with our Provider Contracting team, modified our master file accordingly.
- Updated files will be sent out today, Thursday, March 21, 2019. Please review and provide feedback no later than Tuesday, March 26, 2019.



# Phase 1 Contracting Services Submission Timeline

| Date       | Action Required   |
|------------|---|
| 03/01/2019 | DHCS releases updated Volume Chart                                      |
| 03/04/2019 | L.A. Care distributes files to Plan Partners for final flagging         |
| 03/11/2019 | Plan Partners return files to L.A. Care                                 |
| 03/21/2019 | L.A. Care redistributes latest version of files to Hospitals for review |
| 03/26/2019 | Last day for Hospitals to provide input                                 |
| 03/28/2019 | L.A. Care will submit Master file to DHCS                               |



# PHDP Claim and Encounter Correction

*Greg White, Director, Healthcare Analytics*



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# Top Errors – L.A. Care Health Plan

## File: L.A. Care Health Plan Rejections

| Error Code | Number | L.A. Care Error Description   | Possible Solution  |
|------------|--------|---|--|
| H51102     | 2154   | NUBC Revenue Code is not a valid .  | Encounters must be re-submitted with valid NUBC revenue codes. Revenue codes should be 4 digits.   |
| H51000     | 1358   | The Procedure Code '97001' is not a valid CPT or HCPCS Code for this Date of Service. | This was a local code issue. 97001 was populated from a crosswalk, however 97001 was then again replaced with <b>97163</b> . Resubmit, per instructions previously provided, with correct non-local code. Check codes and dates to ensure correct code is for correct date of service. |
| H51106     | 990    | NUBC Condition Code is not a valid .  | Encounters must be re-submitted with valid NUBC condition codes.   |
| H51082     | 524    | ICD-10 code must be coded to the highest specificity.                                 | Do not use any ICD-10 code with description word 'Unspecified'   |
| B21175     | 216    | The 'Units of Service' should be greater than 0                                       | <b>TBD- looking into it</b>  |



# Top Errors – DHCS

## File: DHCS Rejections

| Error Code | Number | DHCS Error Description  | Possible Solution   |
|------------|--------|---|---|
| 0x000CC    | 6130   | This encounter is a duplicate of an existing encounter  | Nothing can be done from a submitter or L.A. Care perspective. DHCS shows as a duplicate  |
| 0x001C7    | 4994   | Diagnosis code data value is not valid as Diagnosis Related Group (229). Only codes specified in code list 229 are allowed. | <b>If it is MS-DRG:</b> <ul style="list-style-type: none"><li>• Populate 3 digits.</li><li>• Make sure it's a valid MS-DRG code.</li><li>• Resubmit as per provided processes.</li></ul> <b>If it is APR-DRG:</b> <ul style="list-style-type: none"><li>• Populate 4 digits (do not send hyphen).</li><li>• Make sure it's a valid APR-DRG code.</li><li>• Resubmit as per provided processes.</li></ul> <i>* DHCS has updated the APR-DRG list in their system on 11/30/2018, they no longer deny the most current (SFY 2018-19) and prior 4-digit DRGs.</i> |
| 0x0015E    | 3108   | When using Contract Type Code 01 (in Loop 2300), a DRG code must be provided  | <b>TBD- looking into it</b>   |



# Top Errors – Claims System Extraction

## File: Paid Claims Rejections

| Error Code | Number | Paid Claim Extraction Error Description     | Possible Solution  |
|------------|--------|---|--|
| -319       | 9790   | PROCEDURE CODE EXPIRED                      | Resubmit as per instructions with a valid procedure code. Check for validity at time of service  |
| -317       | 4837   | PROCEDURE CODE REQUIRED                     | These two errors were due to an EDI issue within L.A. Care. These just need to be resubmitted as per the instructions provided   |
| -306       | 4837   | HC QUALIFIER MUST EXIST FOR HCPCS CODE      |  |
| -182       | 1931   | RENDERING PROVIDER NPI IS INVALID           | For institutional outpatient claims: If attending provider NPI was not sent, populate and send with proper Attending NPI - Attending is required when the claim contains any services other than non-scheduled transportation claims as per implementation guide.              |
| -173       | 1813   | REFERRING/ATTENDING PROVIDER NPI IS INVALID | For institutional inpatient and long term claims: If attending provider NPI was not sent, populate and send with proper Attending NPI - Attending is required when the claim contains any services other than non-scheduled transportation claims as per implementation guide. |

# Top Errors – Claims System Extraction (Cont.)

## File: Paid Claims Rejections

| Error Code | Number | Paid Claim Extraction Error Description | Possible Solution   |
|------------|--------|---|---|
| -3         | 1715   | CLM05-3 VALUE NOT ACCEPTED FOR THIS LOB | Populate the valid 'Claim Frequency Code' , this is the 3rd digit of the Type of Bill |
| -6         | 688    | ADJUSTMENT CRN COULD NOT BE FOUND       | TBD- looking into it  |
| -90        | 530    | GENDER REQUIRED                         | Populate the Gender code in the subscriber loop in 837                                |
| -80        | 530    | DOB REQUIRED                            | Populate the Date of Birth in the subscriber loop in 837                              |
| -331       | 415    | PROCEDURE QUANTITY INVALID              | TBD- looking into it  |
| -401       | 379    | DAYS STAY INVALID                       | TBD- looking into it  |
| -318       | 219    | PROCEDURE CODE INVALID                  | Resubmit as per instructions with a valid procedure code                              |



# Frequently Asked Questions (FAQ)



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# Frequently Asked Questions

L.A. Care Health Plan has been keeping a list of questions asked that may help all of the submitters and will distribute after today's presentation.



# Addressing Questions from Previous Meeting

| Questions  | Answers   |
|--|---|
| Will more detailed information be given on the 'errors' than was provided during Phase I? There wasn't enough information in those reports to identify the error.  | They have been added to the latest extracts.  |
| Do we not need to send anything back on the duplicate errors?  | If L.A. Care or DHCS has rejected them as duplicates, it is because they meet criteria that matched records we or DHCS have already received, so resending a record that has duped will simply dupe again.                |
| We resubmitted over 175 claims for Phase I. L.A. Care confirmed that we submitted the claims appropriately and in the correct format. I checked the L.A. Care website, each of the claims I had denial code for "Duplicate Claim." Were these claims sent to DHCS correctly or did this denial code prevent them from being sent? They did not come through in the final DHCS Phase I data. Should we be concerned the resubmissions don't go to DHCS in Phase II? | To prevent claims from duplicating, the process that was provided in the presentations needs to be followed. If this is not followed exactly, a second "paid claim" will not be extracted as they are seen as duplicates. |
| Why are you not adding patient account number to the file?   | They have been added to the latest extracts with a caveat: <i>Since this is not a required field to be extracted, not all records have this populated. We have provided what we have.</i>                                 |
| Is it possible for L.A. Care to notify secure site users when their file has been uploaded?  | Yes, we will notify the contacts we have listed on our roster.  |



# Questions and Answers (Q&A)



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**THANK  
YOU!**

